

# EXHIBIT 4

**RE: possible contingency case vs. Dan & Chip**

1 message

**Goldsmith, Mitchell D.** <mgoldsmith@taftlaw.com>  
To: John White <jwhite@compassmarketinginc.com>

Sat, Jul 20, 2019 at 2:39 PM

I really need to add my litigator partner to the call to see if he would have interest (we tried to get you Friday but missed you). I have sent him an email asking for around 1:30-3 pm CST (I will be in car then). Will let you know when I hear.

**From:** John White <jwhite@compassmarketinginc.com>  
**Sent:** Saturday, July 20, 2019 12:39 PM  
**To:** Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>  
**Subject:** Re: possible contingency case vs. Dan & Chip

Can you chat this today or tomorrow ?

Give me a buzz

Thx

John White  
Chairman/CEO  
Compass Marketing Inc  
[www.compassmarketinginc.com](http://www.compassmarketinginc.com)

On Tue, Jul 16, 2019, 6:34 PM Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com> wrote:

Give me a time and I can try to set up, but especially if it is a contingency you do not want too many cooks....

**From:** John White <jwhite@compassmarketinginc.com>  
**Sent:** Tuesday, July 16, 2019 8:42 AM  
**To:** Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>  
**Subject:** Re: possible contingency case vs. Dan & Chip

Fantastic. How bout Doug...?

John White  
Chairman/CEO  
Compass Marketing Inc  
[www.compassmarketinginc.com](http://www.compassmarketinginc.com)

On Tue, Jul 16, 2019, 5:30 AM Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com> wrote:

I spoke to one of our top litigators, John Kennedy who was intrigued by the concept and would be willing to discuss it further. Let me know some available times and I can try to set up a call (also let me know if you want to include Steven or anyone else on that call)...

**Taft /**

**Mitchell D. Goldsmith** / Partner  
Taft Stettinius & Hollister LLP  
111 E. Wacker Drive, Suite 2800  
Chicago, Illinois 60601-3713  
Tel: 312.527.4000 • Fax: 312.966.8479  
Direct: 312.836.4006 • Cell: 312.320.4657  
[www.taftlaw.com](http://www.taftlaw.com) / [mgoldsmith@taftlaw.com](mailto:mgoldsmith@taftlaw.com)

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**Proposal for litigation assessment/engagement - subject to attorney client privilege**

1 message

**Goldsmith, Mitchell D.** <mgoldsmith@taftlaw.com>  
To: John White <jwhite@compassmarketinginc.com>  
Cc: "Kennedy, John" <jkennedy@taftlaw.com>

Mon, Sep 9, 2019 at 12:01 PM

John, it was good catching up with you on Saturday. John K had sent me the following which lays out the terms on which Taft would be willing to proceed. Let me know if this is acceptable, and if so, we will draw up a formal engagement letter which will be binding only if fully executed. As we noted previously, this will require some intensive work to complete the assessment and if requested assist in the drafting of a complaint, and due to the apparent statute of limitations issues, needs to be started almost immediately if you want to provide sufficient time to assess the claim and assess Steve Stern in getting a complaint on file before the statute of limitations are almost assuredly an issue (and could possibly be an issue even now). Let us know your thoughts.

**Taft /**

**Mitchell D. Goldsmith** / Partner  
Taft Stettinius & Hollister LLP  
111 E. Wacker Drive, Suite 2800  
Chicago, Illinois 60601-3713  
Tel: 312.527.4000 • Fax: 312.966.8479  
Direct: 312.836.4006 • Cell: 312.320.4657  
[www.taftlaw.com](http://www.taftlaw.com) / [mgoldsmith@taftlaw.com](mailto:mgoldsmith@taftlaw.com)

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**From:** Kennedy, John  
**Sent:** Friday, September 6, 2019 10:56 AM  
**To:** Goldsmith, Mitchell D. <mgoldsmith@taftlaw.com>  
**Subject:** RE: John White

**Terms**

1. Kennedy 30% discount from \$650 hourly= \$455 hourly

2. Babbitt: \$390 to \$365;

3. Associates: Standard rates

4. \$50,000 retainer payable before any work commences

5. Limited engagement to investigate the current information and assess theories of liability/counts for a complaint. There is a statute of limitations issue which John White and Stephen Stern are aware of that may run in October, 2019. They need to act before this runs. We have not investigated this issue, as we have discussed this issue with John W. and Stephen Stern.

6. 3x discounted rate if we prevail.

John







John White <jwhite@compassmarketinginc.com>

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**FW: Just following up to see if you want to move forward with Kennedy & team on the pre-lawsuit work**

1 message

**Goldsmith, Mitchell D.** <mgoldsmith@taftlaw.com>  
To: John White <jwhite@compassmarketinginc.com>

Wed, Sep 11, 2019 at 6:38 PM

Just pinging again, since this is so time sensitive. How are things going in Saudi Arabia? Do they want to hire Ron Earley as a goat herder?

## Taft /

**Mitchell D. Goldsmith** / Partner  
Taft Stettinius & Hollister LLP  
111 E. Wacker Drive, Suite 2800  
Chicago, Illinois 60601-3713  
Tel: 312.527.4000 • Fax: 312.966.8479  
Direct: 312.836.4006 • Cell: 312.320.4657  
[www.taftlaw.com](http://www.taftlaw.com) / [mgoldsmith@taftlaw.com](mailto:mgoldsmith@taftlaw.com)



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# EXHIBIT 5



John White <jwhite@compassmarketinginc.com>

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**Re: Please review and execute or call me with any concerns**

1 message

**Mike White** <mwhite@compassmarketinginc.com>  
To: John White <jwhite@compassmarketinginc.com>  
Cc: Daniel White <dwhite@compassmarketinginc.com>

Mon, Apr 9, 2018 at 9:12 AM

I assume this is related to the telephone call we had last night. I don't remember being "present" for any meeting and I certainly did not sign or agree to any waivers, motions, or resolutions.

Mike

**Michael R. White**  
**Compass Marketing Inc**  
**Annapolis Maryland 21403**  
**410-268-0030 x 202**  
**fax 443-440-5768**

On Sun, Apr 8, 2018 at 10:42 PM, John White <jwhite@compassmarketinginc.com> wrote:

Thanks  
John

--  
John White  
Chairman/CEO  
Compass Marketing Inc.  
[www.compassmarketinginc.com](http://www.compassmarketinginc.com)



John White <jwhite@compassmarketinginc.com>

---

## Please review and execute or call me with any concerns

1 message

John White <jwhite@compassmarketinginc.com>

Sun, Apr 8, 2018 at 10:42 PM

To: Daniel White <dwhite@compassmarketinginc.com>, Mike White <mwhite@compassmarketinginc.com>

Thanks  
John

—  
John White  
Chairman/CEO  
Compass Marketing Inc.  
[www.compassmarketinginc.com](http://www.compassmarketinginc.com)



Shareholder's meetimng 4-8-2018.doc  
224K



**Compass Marketing Inc.**

**Minuets of a Special Meeting of Shareholders**

**Date: 4/08/2018**

The Following Shareholders were present representing all shareholders of the company:

John D. White

Daniel J. White

Michael R. White

The secretary presented and read a waiver of the time, place, and purpose of the meeting, signed by all the shareholders, which was ordered filed.

The meeting was called to order.

**Resolution of Shareholders**

It is hereby resolved this 8<sup>th</sup> day of April 2018 that there are a total number of 900 shares of authorized and outstanding stock of Compass Marketing Inc., with the ownership interests as follows,

John White owns 600 shares, representing 66.66% of the total shares of the company.

Daniel White owns 150 shares, representing 16.67% of the total shares of the company.

Michael White owns 150 shares, representing 16.67% of the total shares of the company.

No further business being brought before the meeting, upon motion duly made, seconded and unanimously adopted, the meeting was adjourned.

Dated: 4/08/2018

\_\_\_\_\_  
John White, Secretary of the meeting

**Shareholders**





Dated:

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John White

Dated:

---

Daniel White

Dated

---

Michael White

# EXHIBIT 6

671117

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

beginning / / 2018

ending / /

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation**

- A** Corporation's employer identification number  
54-1885090
- B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing Inc  
  
222 Severn Ave Suite 200  
Annapolis MD 21403
- C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013

**Part II Information About the Shareholder**

- D** Shareholder's identifying number  
[REDACTED]
- E** Shareholder's name, address, city, state, and ZIP code  
John D. White  
  
222 Severn Ave Suite 200  
Annapolis MD 21403
- F** Shareholder's percentage of stock ownership for tax year . . . . . 50.00000 %

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-478,219.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
	25,418.	<b>C</b>	5,181.
<b>12</b>	Other deductions		
<b>A</b>	50.		
		<b>17</b>	Other information
		<b>V</b>	* STMT
		<b>W</b>	* STMT
		<b>X</b>	* STMT

\* See attached statement for additional information.

671117

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

beginning      /      / 2018 ending      /      /**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation**

- A** Corporation's employer identification number  
54-1885090
- B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing Inc  
  
222 Severn Ave Suite 200  
Annapolis MD 21403
- C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013

**Part II Information About the Shareholder**

- D** Shareholder's identifying number  
[REDACTED]
- E** Shareholder's name, address, city, state, and ZIP code  
Daniel J. White  
  
PO Box 1760  
Leonardtowntown MD 20650
- F** Shareholder's percentage of stock ownership for tax year 25.00000 %

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss) -239,110.	<b>13</b>	Credits
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b> A	Alternative minimum tax (AMT) items 0.
<b>11</b>	Section 179 deduction 12,709.	<b>16</b> C	Items affecting shareholder basis 2,590.
<b>12</b> A	Other deductions 25.		
		<b>17</b>	Other information
		V *	STMT
		W *	STMT
		X *	STMT

\* See attached statement for additional information.



**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

beginning        /        / 2018 ending        /        /       **Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items****Part I Information About the Corporation****A** Corporation's employer identification number  
54-1885090**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing Inc222 Severn Ave Suite 200  
Annapolis MD 21403**C** IRS Center where corporation filed return  
Kansas City, MO 64999-0013**Part II Information About the Shareholder****D** Shareholder's identifying number  
[REDACTED]**E** Shareholder's name, address, city, state, and ZIP code  
Michael R. White39650 Hiawatha Circle  
Mechanicsville MD 20659**F** Shareholder's percentage of stock  
ownership for tax year . . . . . 25.00000 %

For IRS Use Only

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-239,110.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
	12,709.	<b>C</b>	2,590.
<b>12</b>	Other deductions		
<b>A</b>	25.		
		<b>17</b>	Other information
		<b>V</b>	* STMT
		<b>W</b>	* STMT
		<b>X</b>	* STMT

\* See attached statement for additional information.

Schedule K-1  
(Form 1120S)Department of the Treasury  
Internal Revenue Service

2017

For calendar year 2017, or tax year

beginning / / 2017 ending / /

Shareholder's Share of Income, Deductions,  
Credits, etc.

▶ See back of form and separate instructions.

**Part I** Information About the CorporationA Corporation's employer identification number  
54-1885090B Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.222 Severn Ave, Ste 200  
Annapolis, MD 21403C IRS Center where corporation filed return  
Cincinnati, OH 45999-0013**Part II** Information About the ShareholderD Shareholder's identifying number  
[REDACTED]E Shareholder's name, address, city, state, and ZIP code  
John D White  
222 Severn Ave, Suite 200  
Annapolis, MD 21403F Shareholder's percentage of stock  
ownership for tax year 50.00000 %☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	382,550.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	40.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
	25,133.	C	9,266.
12	Other deductions		
A	1,874.		
		17	Other information
		A	40.

\* See attached statement for additional information.

For IRS Use Only



Schedule K-1  
(Form 1120S)Department of the Treasury  
Internal Revenue Service

2017

For calendar year 2017, or tax year

beginning / / 2017 ending / /

Shareholder's Share of Income, Deductions,  
Credits, etc.

▶ See back of form and separate instructions.

**Part I** Information About the Corporation

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II** Information About the Shareholder

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Daniel J White  
PO Box 1760  
Leonardtown, MD 20650

**F** Shareholder's percentage of stock  
ownership for tax year . . . . . 25.00000 %

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☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	191,275.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	21.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
	12,566.	C	4,634.
12	Other deductions		
A	938.		
		17	Other information
		A	21.

\* See attached statement for additional information.

671117

Schedule K-1  
(Form 1120S)Department of the Treasury  
Internal Revenue Service

2017

For calendar year 2017, or tax year

beginning

/ / 2017

ending

/ /

Shareholder's Share of Income, Deductions,  
Credits, etc.

▶ See back of form and separate instructions.

**Part I** Information About the Corporation

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II** Information About the Shareholder

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Michael R White  
39650 Hiawatha Circle  
Mechanicsville, MD 20659

**F** Shareholder's percentage of stock  
ownership for tax year 25.00000 %

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☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	191,275.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	21.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
	12,566.	C	4,634.
12	Other deductions		
A	938.		
		17	Other information
		A	21.

\* See attached statement for additional information.

Schedule K-1  
(Form 1120S)  
Department of the Treasury  
Internal Revenue Service

2016

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_, 20

**Shareholder's Share of Income, Deductions,  
Credits, etc.** ▶ See back of form and separate instructions.

671113

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
John D White  
222 Severn Ave, Suite 200  
Annapolis, MD 21403

**F** Shareholder's percentage of stock  
ownership for tax year . . . . . 50.00000 %

1	Ordinary business income (loss)	13	Credits
	-80,591.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	348.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	35,675.
12	Other deductions		
A	1,851.		
		17	Other information
		A	348.

\* See attached statement for additional information.



**Schedule K-1**  
**(Form 1120S)**  
Department of the Treasury  
Internal Revenue Service

2016

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_, 20\_\_\_\_

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.**

▶ See back of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b>	Corporation's employer identification number 54-1885090
<b>B</b>	Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Ste 200 Annapolis, MD 21403
<b>C</b>	IRS Center where corporation filed return Cincinnati, OH 45999-0013
<b>Part II Information About the Shareholder</b>	
<b>D</b>	Shareholder's identifying number [REDACTED]
<b>E</b>	Shareholder's name, address, city, state, and ZIP code Michael R White 39650 Hiawatha Circle Mechanicsville, MD 20659
<b>F</b>	Shareholder's percentage of stock ownership for tax year . . . . . 25.00000 %

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-40,296.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	175.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	17,838.
<b>12</b>	Other deductions		
A	926.		
		<b>17</b>	Other information
		A	175.
* See attached statement for additional information.			

Schedule K-1  
(Form 1120S)Department of the Treasury  
Internal Revenue Service

2016

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_, 20\_\_\_\_☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Shareholder's Share of Income, Deductions,  
Credits, etc.

▶ See back of form and separate instructions.

**Part I** Information About the Corporation

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II** Information About the Shareholder

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Daniel J White  
PO Box 1760  
Leonardtown, MD 20650

**F** Shareholder's percentage of stock  
ownership for tax year \_\_\_\_\_ 25.00000 %

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-40,296.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	175.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	17,838.
<b>12</b>	Other deductions		
A	926.		
		<b>17</b>	Other information
		A	175.

\* See attached statement for additional information.

For IRS Use Only

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2015**

For calendar year 2015, or tax

year beginning \_\_\_\_\_, 2015  
ending \_\_\_\_\_, 2015

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
John D White  
222 Severn Ave, Suite 200  
Annapolis, MD 21403

**F** Shareholder's percentage of stock ownership for tax year. . . . . 50.00000 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	103,917.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	146.		
<b>5 a</b>	Ordinary dividends		
<b>5 b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8 a</b>	Net long-term capital gain (loss)		
<b>8 b</b>	Collectibles (28%) gain (loss)		
<b>8 c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	32,448.
<b>12</b>	Other deductions		
A	2,973.	D	231,511.
		<b>17</b>	Other information
		A	146.

\*See attached statement for additional information.



**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2015**

For calendar year 2015, or tax  
year beginning \_\_\_\_\_, 2015  
ending \_\_\_\_\_.

☐ Final K-1

☐ Amended K-1

671113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Daniel J White  
PO Box 1760  
Leonardtown, MD 20650

**F** Shareholder's percentage of stock ownership for tax year. . . . . 25.00000 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	51,959.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	73.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	16,225.
<b>12</b>	Other deductions	<b>D</b>	115,756.
A	1,486.		
		<b>17</b>	Other information
		A	73.

\*See attached statement for additional information.

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2015**

For calendar year 2015, or tax  
year beginning \_\_\_\_\_, 2015  
ending \_\_\_\_\_.

☐ Final K-1

☐ Amended K-1

671113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Michael R White  
39650 Hiawatha Circle  
Mechanicsville, MD 20659

**F** Shareholder's percentage of stock ownership for tax year. . . . . 25.00000 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	51,959.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	73.		
<b>5 a</b>	Ordinary dividends		
<b>5 b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8 a</b>	Net long-term capital gain (loss)		
<b>8 b</b>	Collectibles (28%) gain (loss)		
<b>8 c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	16,225.
<b>12</b>	Other deductions		
A	1,486.	D	115,756.
		<b>17</b>	Other information
		A	73.

\*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2015

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2014**

For calendar year 2014, or tax

year beginning \_\_\_\_\_, 2014

ending \_\_\_\_\_, 2014

☐ Final K-1

☐ Amended K-1

671113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number [REDACTED]	
<b>E</b> Shareholder's name, address, city, state, and ZIP code John D White 222 Severn Ave, Suite 200 Annapolis, MD 21403	
<b>F</b> Shareholder's percentage of stock ownership for tax year. . . . . 50.00000 %	
FOR IRS USE ONLY	

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	464,460.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	47.		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	127,134.
12	Other deductions		
A	17,573.	D	1,270,603.
17		A	Other information
			47.

\*See attached statement for additional information.



**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2014**

For calendar year 2014, or tax  
year beginning \_\_\_\_\_, 2014  
ending \_\_\_\_\_, 2014

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number [REDACTED]	
<b>E</b> Shareholder's name, address, city, state, and ZIP code Daniel J White PO Box 1760 Leonardtown, MD 20650	
<b>F</b> Shareholder's percentage of stock ownership for tax year. . . . . 25.00000 %	
FOR IRS USE ONLY	

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
1	Ordinary business income (loss)	13	Credits
	232,230.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	24.		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	63,568.
12	Other deductions		
A	8,787.	D	635,302.
17		A	Other information
			24.

\*See attached statement for additional information.

**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2014**

For calendar year 2014, or tax

year beginning \_\_\_\_\_, 2014

ending \_\_\_\_\_, 2014

☐ Final K-1

☐ Amended K-1

671113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number	54-1885090
<b>B</b> Corporation's name, address, city, state, and ZIP code	Compass Marketing, Inc. 222 Severn Ave, Ste 200 Annapolis, MD 21403
<b>C</b> IRS Center where corporation filed return	Cincinnati, OH 45999-0013
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number	██████████
<b>E</b> Shareholder's name, address, city, state, and ZIP code	Michael R White 39650 Hiawatha Circle Mechanicsville, MD 20659
<b>F</b> Shareholder's percentage of stock ownership for tax year. . . . .	25.00000 %
FOR IRS USE ONLY	

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	232,230.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	24.		
<b>5 a</b>	Ordinary dividends		
<b>5 b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8 a</b>	Net long-term capital gain (loss)		
<b>8 b</b>	Collectibles (28%) gain (loss)		
<b>8 c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	63,568.
<b>12</b>	Other deductions	<b>D</b>	635,302.
A	8,787.		
		<b>17</b>	Other information
		A	24.

\*See attached statement for additional information.



**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2013**

For calendar year 2013, or tax  
year beginning \_\_\_\_\_, 2013  
ending \_\_\_\_\_, \_\_\_\_\_

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number [REDACTED]	
<b>E</b> Shareholder's name, address, city, state, and ZIP code John D White 7040 Bembe Beach Rd Annapolis, MD 21403	
<b>F</b> Shareholder's percentage of stock ownership for tax year. . . . . 50.00000 %	
FOR IRS USE ONLY	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
	1,333,696.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	102.		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	47,606.
12	Other deductions		
A	15,587.	D	374,171.
17	Other information		
		A	102.
*See attached statement for additional information.			



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2013**

For calendar year 2013, or tax  
year beginning \_\_\_\_\_, 2013  
ending \_\_\_\_\_.

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
~~XXXXXXXXXX~~

**E** Shareholder's name, address, city, state, and ZIP code  
Daniel J White  
PO Box 1760  
Leonardtown, MD 20650

**F** Shareholder's percentage of stock ownership for tax year. . . . . 25.00000 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	666,848.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	51.		
<b>5 a</b>	Ordinary dividends		
<b>5 b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8 a</b>	Net long-term capital gain (loss)		
<b>8 b</b>	Collectibles (28%) gain (loss)		
<b>8 c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	23,804.
<b>12</b>	Other deductions		
A	7,794.	D	187,085.
		<b>17</b>	Other information
		A	51.

\*See attached statement for additional information.

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2013**

For calendar year 2013, or tax

year beginning \_\_\_\_\_, 2013

ending \_\_\_\_\_, \_\_\_\_\_

☐ Final K-1

☐ Amended K-1

671113  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Michael R White  
39650 Hiawatha Circle  
Mechanicsville, MD 20659

**F** Shareholder's percentage of stock ownership for tax year. . . . . 25.00000 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	666,848.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	51.		
<b>5 a</b>	Ordinary dividends		
<b>5 b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8 a</b>	Net long-term capital gain (loss)		
<b>8 b</b>	Collectibles (28%) gain (loss)		
<b>8 c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>C</b>	23,804.
<b>12</b>	Other deductions		
<b>A</b>	7,794.	<b>D</b>	187,085.
		<b>17</b>	Other information
		<b>A</b>	51.

\*See attached statement for additional information.



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2012**

For calendar year 2012, or tax  
year beginning \_\_\_\_\_, 2012  
ending \_\_\_\_\_

☐ Final K-1

☐ Amended K-1

671112  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number	54-1885090
<b>B</b> Corporation's name, address, city, state, and ZIP code	Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403
<b>C</b> IRS Center where corporation filed return	Cincinnati, OH 45999-0013
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number	<del>XXXXXXXXXX</del>
<b>E</b> Shareholder's name, address, city, state, and ZIP code	John D White 7040 Bembe Beach Rd Annapolis, MD 21403
<b>F</b> Shareholder's percentage of stock ownership for tax year	50.00000 %

FOR  
IRS  
USE  
ONLY

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	463,857.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	209.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	51,894.
<b>12</b>	Other deductions		
A	37,999.	D	439,507.
		<b>17</b>	Other information
		A	209.

\*See attached statement for additional information.

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2012**

For calendar year 2012, or tax  
year beginning \_\_\_\_\_, 2012  
ending \_\_\_\_\_, \_\_\_\_\_

☐ Final K-1

☐ Amended K-1

671112

OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number <del>012-345678</del>	
<b>E</b> Shareholder's name, address, city, state, and ZIP code Daniel J White PO Box 1760 Leonardtown, MD 20650	
<b>F</b> Shareholder's percentage of stock ownership for tax year ..... 25.00000 %	
FOR IRS USE ONLY	

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
1	Ordinary business income (loss)	13	Credits
	231,928.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	104.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	25,948.
12	Other deductions		
A	19,000.	D	219,754.
17	Other information	A	104.

\*See attached statement for additional information.



**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2012**

For calendar year 2012, or tax  
year beginning \_\_\_\_\_, 2012  
ending \_\_\_\_\_, 2012

☐ Final K-1

☐ Amended K-1

671112  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number	54-1885090
<b>B</b> Corporation's name, address, city, state, and ZIP code	Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403
<b>C</b> IRS Center where corporation filed return	Cincinnati, OH 45999-0013
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number	<del>XXXXXXXXXX</del>
<b>E</b> Shareholder's name, address, city, state, and ZIP code	Michael R White 39650 Hiawatha Circle Mechanicsville, MD 20659
<b>F</b> Shareholder's percentage of stock ownership for tax year	25.00000 %

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
			231,928.
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		104.
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>C</b>	25,948.
<b>12</b>	Other deductions	<b>D</b>	219,754.
<b>A</b>	19,000.		
		<b>17</b>	Other information
		<b>A</b>	104.

\*See attached statement for additional information.

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2011**

For calendar year 2011, or tax

year beginning \_\_\_\_\_, 2011

ending \_\_\_\_\_, 2011

☐ Final K-1

☐ Amended K-1

671111  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number [REDACTED]	
<b>E</b> Shareholder's name, address, city, state, and ZIP code John D White 7040 Bembe Beach Rd Annapolis, MD 21403	
<b>F</b> Shareholder's percentage of stock ownership for tax year _____ 50.00000 %	
FOR IRS USE ONLY	

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
<b>1</b> Ordinary business income (loss) 538,223.	<b>13</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Interest income 380.	
<b>5a</b> Ordinary dividends	
<b>5b</b> Qualified dividends	<b>14</b> Foreign transactions
<b>6</b> Royalties	
<b>7</b> Net short-term capital gain (loss)	
<b>8a</b> Net long-term capital gain (loss)	
<b>8b</b> Collectibles (28%) gain (loss)	
<b>8c</b> Unrecaptured section 1250 gain	
<b>9</b> Net section 1231 gain (loss)	
<b>10</b> Other income (loss)	<b>15</b> Alternative minimum tax (AMT) items A 0.
<b>11</b> Section 179 deduction	<b>16</b> Items affecting shareholder basis C 64,852.
<b>12</b> Other deductions A 19,305.	D 386,930.
	<b>17</b> Other information A 380.
*See attached statement for additional information.	



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2011**

For calendar year 2011, or tax

year beginning \_\_\_\_\_, 2011

ending \_\_\_\_\_, 2011

☐ Final K-1

☐ Amended K-1

671111  
OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc** ▶ See page 2 of form and separate instructions.

<b>Part I Information About the Corporation</b>	
<b>A</b> Corporation's employer identification number 54-1885090	
<b>B</b> Corporation's name, address, city, state, and ZIP code Compass Marketing, Inc. 222 Severn Ave, Bldg 14 Ste 200 Annapolis, MD 21403	
<b>C</b> IRS Center where corporation filed return Cincinnati, OH 45999-0013	
<b>Part II Information About the Shareholder</b>	
<b>D</b> Shareholder's identifying number [REDACTED]	
<b>E</b> Shareholder's name, address, city, state, and ZIP code Daniel J White PO Box 1760 Leonardtown, MD 20650	
<b>F</b> Shareholder's percentage of stock ownership for tax year ..... 25.00000 %	
FOR IRS USE ONLY	

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
<b>1</b> Ordinary business income (loss) 269,112.	<b>13</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Interest income 191.	
<b>5a</b> Ordinary dividends	
<b>5b</b> Qualified dividends	<b>14</b> Foreign transactions
<b>6</b> Royalties	
<b>7</b> Net short-term capital gain (loss)	
<b>8a</b> Net long-term capital gain (loss)	
<b>8b</b> Collectibles (28%) gain (loss)	
<b>8c</b> Unrecaptured section 1250 gain	
<b>9</b> Net section 1231 gain (loss)	
<b>10</b> Other income (loss)	<b>15</b> Alternative minimum tax (AMT) items A 0.
<b>11</b> Section 179 deduction	<b>16</b> Items affecting shareholder basis C 32,427.
<b>12</b> Other deductions A 9,653.	D 193,465.
	<b>17</b> Other information A 191.
*See attached statement for additional information.	

671111

Schedule K-1  
(Form 1120S)

2011

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

Department of the Treasury  
Internal Revenue Service

For calendar year 2011, or tax

year beginning \_\_\_\_\_, 2011

ending \_\_\_\_\_, 2011

Shareholder's Share of Income, Deductions,  
Credits, etc ▶ See page 2 of form and separate instructions.**Part I** Information About the CorporationA Corporation's employer identification number  
54-1885090B Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403C IRS Center where corporation filed return  
Cincinnati, OH 45999-0013**Part II** Information About the ShareholderD Shareholder's identifying number  
22-1111111E Shareholder's name, address, city, state, and ZIP code  
Michael R White  
39650 Hiawatha Circle  
Mechanicsville, MD 20659F Shareholder's percentage of stock  
ownership for tax year \_\_\_\_\_ 25.00000 %FOR  
IRS  
USE  
ONLY**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	269,112.	13 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Interest income	191.	
5a Ordinary dividends		
5b Qualified dividends		14 Foreign transactions
6 Royalties		
7 Net short-term capital gain (loss)		
8a Net long-term capital gain (loss)		
8b Collectibles (28%) gain (loss)		
8c Unrecaptured section 1250 gain		
9 Net section 1231 gain (loss)		
10 Other income (loss)		15 Alternative minimum tax (AMT) items
		A 0.
11 Section 179 deduction		16 Items affecting shareholder basis
		C 32,427.
12 Other deductions		
A 9,653.		D 193,465.
		17 Other information
		A 191.

\*See attached statement for additional information.



Schedule K-1  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

2010

For calendar year 2010, or tax

year beginning \_\_\_\_\_, 2010

ending \_\_\_\_\_, \_\_\_\_\_

Shareholder's Share of Income, Deductions,  
Credits, etc. ▶ See page 2 of form and separate instructions.

671110

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0130

**Part III** Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	450,678.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	516.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	49,384.
12	Other deductions		
A	15,033.	D	392,242.
		17	Other information
		A	516.

\*See attached statement for additional information.

**Part I** Information About the Corporation

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II** Information About the Shareholder

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
John D White  
7040 Bembe Beach Rd  
Annapolis, MD 21403

**F** Shareholder's percentage of stock  
ownership for tax year ..... 50.00000 %

FOR  
IRS  
USE  
ONLY

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2010

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2010**

For calendar year 2010, or tax

year beginning \_\_\_\_\_, 2010  
ending \_\_\_\_\_

☐ Final K-1

☐ Amended K-1

671110

OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Michael R White  
39650 Hiawatha Circle  
Mechanicsville, MD 20659

**F** Shareholder's percentage of stock ownership for tax year ..... 25.00000 %

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	225,339.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	258.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>C</b>	24,692.
<b>12</b>	Other deductions		
<b>A</b>	7,517.	<b>D</b>	196,121.
		<b>17</b>	Other information
		<b>A</b>	258.

\*See attached statement for additional information.

**BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.**

Schedule K-1 (Form 1120S) 2010

FOR  
IRS  
USE  
ONLY



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2010**

For calendar year 2010, or tax

year beginning \_\_\_\_\_, 2010

ending \_\_\_\_\_.

☐ Final K-1

☐ Amended K-1

671110

OMB No. 1545-0130

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
54-1885090

**B** Corporation's name, address, city, state, and ZIP code  
Compass Marketing, Inc.  
222 Severn Ave, Bldg 14 Ste 200  
Annapolis, MD 21403

**C** IRS Center where corporation filed return  
Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
Daniel J White  
PO Box 1760  
Leonardtown, MD 20650

**F** Shareholder's percentage of stock ownership for tax year ..... 25.00000 %

FOR IRS USE ONLY

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	225,339.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	258.		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	0.
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>C</b>	24,692.
<b>12</b>	Other deductions		
<b>A</b>	7,517.	<b>D</b>	196,121.
		<b>17</b>	Other information
		<b>A</b>	258.

\*See attached statement for additional information.

**BAA** For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule **K-1** (Form 1120S) 2010

# EXHIBIT 7



For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

Your first name and initial **John D** Last name **White** See separate instructions.  
 If a joint return, spouse's first name and initial Last name **White** Your social security number **60-1234-5678**  
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **222 Severn Ave Suite 200** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Annapolis MD 21403**  
 Foreign country name Foreign province/state/county Foreign postal code

**Filing Status** 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **5** ☐ Qualifying widow(er) with dependent child  
 2 ☐ Married filing jointly (even if only one had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▶**

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. **Boxes checked on 6a and 6b** **1**  
 b ☐ Spouse **No. of children on 6c who:**  
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)  
 If more than four dependents, see instructions and check here ☐ **• lived with you**  
**• did not live with you due to divorce or separation (see instructions)**  
**Dependents on 6c not entered above**  
 d Total number of exemptions claimed **Add numbers on lines above ▶ 1**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **569,043.**  
 8a Taxable interest. Attach Schedule B if required **8a** **563.**  
 b Tax-exempt interest. Do not include on line 8a **8b**  
 9a Ordinary dividends. Attach Schedule B if required **9a**  
 b Qualified dividends **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a** b Taxable amount **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **103,917.**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** b Taxable amount **20b**  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** **673,523.**

**Adjusted Gross Income** 23 Educator expenses **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**  
 25 Health savings account deduction. Attach Form 8889 **25** **1,650.**  
 26 Moving expenses. Attach Form 3903 **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans **28**  
 29 Self-employed health insurance deduction **29**  
 30 Penalty on early withdrawal of savings **30**  
 31a Alimony paid b Recipient's SSN **31a**  
 32 IRA deduction **32**  
 33 Student loan interest deduction **33**  
 34 Tuition and fees. Attach Form 8917 **34**  
 35 Domestic production activities deduction. Attach Form 8903 **35**  
 36 Add lines 23 through 35 **36** **1,650.**  
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **671,873.**



REV 07/11/16 TTW Form **1040** (2015)



For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

John D

Last name

White

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

222 Severn Ave Suite 200

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Annapolis MD 21403

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

## Filing Status

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed . . . . .

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above   

Add numbers on lines above ▶ 1

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .

7 527,845.

8a Taxable interest. Attach Schedule B if required . . . . .

8a 603.

b Tax-exempt interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

9a

b Qualified dividends . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

10

11 Alimony received . . . . .

11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797 . . . . .

14

15a IRA distributions . . . . .

15a

b Taxable amount . . . . .

15b

16a Pensions and annuities . . . . .

16a

b Taxable amount . . . . .

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .

17

461,463.

18 Farm income or (loss). Attach Schedule F . . . . .

18

19 Unemployment compensation . . . . .

19

20a Social security benefits . . . . .

20a

b Taxable amount . . . . .

20b

21 Other income. List type and amount . . . . .

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

989,911.

## Adjusted Gross Income

23 Educator expenses . . . . .

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

24

25 Health savings account deduction. Attach Form 8889 . . . . .

25

26 Moving expenses. Attach Form 3903 . . . . .

26

27 Deductible part of self-employment tax. Attach Schedule SE . . . . .

27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

28

29 Self-employed health insurance deduction . . . . .

29

30 Penalty on early withdrawal of savings . . . . .

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction . . . . .

32

33 Student loan interest deduction . . . . .

33

34 Tuition and fees. Attach Form 8917 . . . . .

34

35 Domestic production activities deduction. Attach Form 8903 . . . . .

35

36 Add lines 23 through 35 . . . . .

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

989,911.



		Page
<b>Tax and Credits</b>		989,911.
<b>Standard Deduction for—</b>	<b>Amount from line 37 (adjusted gross income)</b>	<b>38</b>
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>Check</b> <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <b>Total boxes checked ▶ 39a</b>	<b>39a</b>
• All others:	<b>if:</b> <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. <b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b>	<b>39b</b>
Single or Married filing separately, \$6,200	<b>Itemized deductions (from Schedule A) or your standard deduction (see left margin)</b>	<b>40</b>
Married filing jointly or Qualifying widow(er), \$12,400	<b>Subtract line 40 from line 38</b>	<b>41</b>
Head of household, \$9,100	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>
	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>
	<b>Tax (see instructions).</b> Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>
	<b>Alternative minimum tax (see instructions). Attach Form 6251</b>	<b>45</b>
	<b>Excess advance premium tax credit repayment. Attach Form 8962</b>	<b>46</b>
	<b>Add lines 44, 45, and 46</b>	<b>47</b>
	<b>Foreign tax credit. Attach Form 1116 if required</b>	<b>48</b>
	<b>Credit for child and dependent care expenses. Attach Form 2441</b>	<b>49</b>
	<b>Education credits from Form 8863, line 19</b>	<b>50</b>
	<b>Retirement savings contributions credit. Attach Form 8880</b>	<b>51</b>
	<b>Child tax credit. Attach Schedule 8812, if required</b>	<b>52</b>
	<b>Residential energy credits. Attach Form 5695</b>	<b>53</b>
	<b>Other credits from Form: a</b> <input checked="" type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>
	<b>Add lines 48 through 54. These are your total credits</b>	<b>55</b>
	<b>Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-</b>	<b>56</b>
	<b>Self-employment tax. Attach Schedule SE</b>	<b>57</b>
	<b>Unreported social security and Medicare tax from Form: a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>
	<b>Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required</b>	<b>59</b>
	<b>Household employment taxes from Schedule H</b>	<b>60a</b>
	<b>First-time homebuyer credit repayment. Attach Form 5405 if required</b>	<b>60b</b>
	<b>Health care: individual responsibility (see instructions) Full-year coverage</b> <input checked="" type="checkbox"/>	<b>61</b>
	<b>Taxes from: a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>
	<b>Add lines 56 through 62. This is your total tax</b>	<b>63</b>
<b>Payments</b>	<b>Federal income tax withheld from Forms W-2 and 1099</b>	<b>64</b>
	<b>2014 estimated tax payments and amount applied from 2013 return</b>	<b>65</b>
	<b>Earned income credit (EIC)</b> No	<b>66a</b>
	<b>Nontaxable combat pay election</b> <b>66b</b>	<b>66b</b>
	<b>Additional child tax credit. Attach Schedule 8812</b>	<b>67</b>
	<b>American opportunity credit from Form 8863, line 8</b>	<b>68</b>
	<b>Net premium tax credit. Attach Form 8962</b>	<b>69</b>
	<b>Amount paid with request for extension to file</b>	<b>70</b>
	<b>Excess social security and tier 1 RRTA tax withheld</b>	<b>71</b>
	<b>Credit for federal tax on fuels. Attach Form 4136</b>	<b>72</b>
	<b>Credits from Form: a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> Reserved <b>d</b> <input type="checkbox"/>	<b>73</b>
	<b>Add lines 64, 65, 66a, and 67 through 73. These are your total payments</b>	<b>74</b>
<b>Refund</b>	<b>If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid</b>	<b>75</b>
	<b>Amount of line 75 you want refunded to you. If Form 8888 is attached, check here</b> ▶ <input type="checkbox"/>	<b>76a</b>
<b>Direct deposit? See instructions.</b>	<b>Routing number</b> X X X X X X X X X X ▶ <b>Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>Account number</b> X	
	<b>Amount of line 75 you want applied to your 2015 estimated tax</b> ▶ <b>77</b>	<b>77</b>
<b>Amount You Owe</b>	<b>Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions</b> ▶	<b>78</b>
	<b>Estimated tax penalty (see instructions)</b>	<b>79</b>
	<b>Do you want to allow another person to discuss this return with the IRS (see instructions)?</b> <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No	
	<b>Designee's name</b> _____ <b>Phone no.</b> _____ <b>Personal identification number (PIN)</b> _____	
<b>Sign Here</b>	<b>Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</b>	
<b>Joint return? See instructions. Keep a copy for your records.</b>	<b>Your signature</b> _____ <b>Date</b> _____ <b>Your occupation</b> Business Owner	<b>Daytime phone number</b> (410) 268-0030
	<b>Spouse's signature. If a joint return, both must sign.</b> _____ <b>Date</b> _____ <b>Spouse's occupation</b>	<b>If the IRS sent you an Identity Protection PIN, enter it here (see inst.).</b> _____
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> _____ <b>Preparer's signature</b> _____ <b>Date</b> _____	<b>Check</b> <input type="checkbox"/> if self-employed <b>PTIN</b> _____
	<b>Firm's name</b> Self-Prepared <b>Firm's EIN</b> _____	<b>Phone no.</b> _____



For the year Jan. 1–Dec. 31, 2013, or other tax year beginning		, 2013, ending	, 20	See separate instructions.
Your first name and initial <b>John D</b>		Last name <b>White</b>		Your social security number <b>[REDACTED]</b>
If a joint return, spouse's first name and initial		Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>222 Severn Ave Bldg 14</b>			Apt. no. <b>200</b>	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Annapolis MD 21403</b>				
Foreign country name		Foreign province/state/county		Foreign postal code

**Filing Status**

Check only one box.

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b ☐ Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

Income			
7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	356,112.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	666.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	1.
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	206.
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	949.
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,332,747.
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	1,690,681.

Adjusted Gross Income			
23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	150.
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	150.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	1,690,531.



**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,100  
Married filing jointly or Qualifying widow(er), \$12,200  
Head of household, \$8,950

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	1,690,531.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1949, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1949, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	9,652.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	1,680,879.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	<b>42</b>	0.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	1,680,879.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	623,253.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	623,253.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 19	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit. Attach Schedule 8812, if required	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input checked="" type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	0.
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	0.
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	623,253.

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	0.
<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
<b>60</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>60</b>	1,588.
<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	624,841.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	144,165.
<b>63</b>	2013 estimated tax payments and amount applied from 2012 return	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Schedule 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 8	<b>66</b>	
<b>67</b>	Reserved	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	3,875.
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>71</b>	
<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	148,040.

**Refund**

Direct deposit? See instructions.

<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number <input type="text" value="X X X X X X X X X X"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="X X X X X X X X X X X X X X X X X X"/>		
<b>75</b>	Amount of line 73 you want <b>applied to your 2014 estimated tax</b> ▶ <b>75</b>		

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see instructions ▶	<b>76</b>	478,091.
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	1,290.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ Colin M Robertson Jr C.P.A. Phone no. ▶ (410) 263-6376 Personal identification number (PIN) ▶ 36873

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation Executive	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name Colin M Robertson Jr C.P.A.	Preparer's signature	Date 10/23/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00368737
Firm's name ▶ Colin M Robertson Jr CPA	Firm's EIN ▶			
Firm's address ▶ 612 Third St, Suite 3A Annapolis MD 21403	Phone no.			



Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20

Your first name and initial **John** Last name **D White** See separate instructions.  
Your social security number **[REDACTED]**  
If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no. **222 Severn Ave Bldg 14** **200** **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**Annapolis** **MD** **21403**  
Foreign country name Foreign province/state/country Foreign postal code

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

**Filing Status** 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . . . . 5 ☐ Qualifying widow(er) with dependent child  
Check only one box.

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . 1  
b ☐ Spouse . . . . .  
c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax cr (see instrs)  
If more than four dependents, see instructions and check here . . . . .  
d Total number of exemptions claimed . . . . . 1

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 253,812.  
8a Taxable interest. Attach Schedule B if required . . . . . 8a 209.  
b Tax-exempt interest. Do not include on line 8a . . . . . 8b  
9a Ordinary dividends. Attach Schedule B if required . . . . . 9a 82.  
b Qualified dividends . . . . . 9b 82.  
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10  
11 Alimony received . . . . . 11  
12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12  
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . 13  
14 Other gains or (losses). Attach Form 4797 . . . . . 14  
15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b  
16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17 463,857.  
18 Farm income or (loss). Attach Schedule F . . . . . 18  
19 Unemployment compensation . . . . . 19  
20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b  
21 Other income **Form 8889 Health Savings Accounts** . . . . . 21 3,000.  
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . . 22 720,960.

**Adjusted Gross Income** 23 Educator expenses . . . . . 23  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24  
25 Health savings account deduction. Attach Form 8889 . . . . . 25  
26 Moving expenses. Attach Form 3903 . . . . . 26  
27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27  
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28  
29 Self-employed health insurance deduction . . . . . 29  
30 Penalty on early withdrawal of savings . . . . . 30  
31a Alimony paid b Recipient's SSN . . . . . 31a  
32 IRA deduction . . . . . 32  
33 Student loan interest deduction . . . . . 33  
34 Tuition and fees. Attach Form 8917 . . . . . 34  
35 Domestic production activities deduction. Attach Form 8903 . . . . . 35  
36 Add lines 23 through 35 . . . . . 36  
37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . 37 720,960.



**Tax and Credits****Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$5,950  
Married filing jointly or Qualifying widow(er), \$11,900  
Head of household, \$8,700

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe****Third Party Designee****Sign Here**

Joint return?  
See instructions.

Keep a copy for your records.

**Paid Preparer Use Only**

38	Amount from line 37 (adjusted gross income)	38	720,960.
39 a	Check <input type="checkbox"/> You were born before January 2, 1948, if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39 a	39 b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	98,304.
41	Subtract line 40 from line 38	41	622,656.
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	618,856.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	193,344.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	193,344.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	0.
54	Add lines 47 through 53. These are your total credits	54	0.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	193,344.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0.
59 a	Household employment taxes from Schedule H	59 a	
59 b	First-time homebuyer credit repayment. Attach Form 5405 if required	59 b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55-60. This is your total tax	61	193,344.
62	Federal income tax withheld from Forms W-2 and 1099	62	108,957.
63	2012 estimated tax payments and amount applied from 2011 return	63	
64 a	Earned income credit (EIC)	64 a	
64 b	Nontaxable combat pay election	64 b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, & 65-71. These are your total pmts	72	108,957.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74 a	
74 b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74 b	
74 c	Account number XXXXXXXXXXXXXXXXXXXX	74 c	
75	Amount of line 73 you want applied to your 2013 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	85,683.
77	Estimated tax penalty (see instructions)	77	1,296.
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name <u>Colin M Robertson Jr C.P.A.</u>		Phone no. <u>(410) 263-6376</u> Personal identification number (PIN) <u>36873</u>	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature <u>[Signature]</u>		Date <u>10/17/2013</u>	Your occupation <u>Executive</u> Daytime phone number
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
Print/Type preparer's name <u>Colin M Robertson Jr C.P.A.</u>		Date <u>10/17/2013</u>	Check <input checked="" type="checkbox"/> if self-employed PTIN <u>P00368737</u>
Firm's name <u>Colin M Robertson Jr CPA</u>		Firm's EIN	
Firm's address <u>612 Third St, Suite 3A</u>		Firm's EIN	
<u>Annapolis</u>		<u>MD 21403</u>	
		Phone no.	



For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 2011, 20 See separate instructions.

Your first name MI Last name Your social security number

John D White

If a joint return, spouse's first name MI Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

222 Severn Ave Bldg 14 200 Make sure the SSN(s) above and on line 6c are correct.

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). State ZIP code

Annapolis MD 21403 Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

**Filing Status** 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above & full name here 5 ☐ Qualifying widow(er) with dependent child

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. . . . . 1

b ☐ Spouse . . . . . No. of children on 6c who:

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax or (see instrs)

• lived with you . . . . .

• did not live with you due to divorce or separation (see instrs) . . . . .

Dependents on 6c not entered above . . . . .

Add numbers on lines above . . . . . 1

d Total number of exemptions claimed . . . . . 1

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 315,812.

8a Taxable interest. Attach Schedule B if required . . . . . 8a 765.

b Tax-exempt interest. Do not include on line 8a . . . . . 8b

9a Ordinary dividends. Attach Schedule B if required . . . . . 9a 2.

b Qualified dividends. . . . . 9b 2.

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10

11 Alimony received. . . . . 11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . 13 215.

14 Other gains or (losses). Attach Form 4797 . . . . . 14

15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b

16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17 538,008.

18 Farm income or (loss). Attach Schedule F . . . . . 18

19 Unemployment compensation . . . . . 19

20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b

21 Other income . . . . . 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. . . . . 22 854,802.

**Adjusted Gross Income** 23 Educator expenses . . . . . 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24

25 Health savings account deduction. Attach Form 8889 . . . . . 25 50.

26 Moving expenses. Attach Form 3903 . . . . . 26

27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28

29 Self-employed health insurance deduction . . . . . 29 4,527.

30 Penalty on early withdrawal of savings . . . . . 30

31a Alimony paid b Recipient's SSN. . . . . 31a

32 IRA deduction . . . . . 32

33 Student loan interest deduction . . . . . 33

34 Tuition and fees. Attach Form 8917 . . . . . 34

35 Domestic production activities deduction. Attach Form 8903 . . . . . 35

36 Add lines 23 through 35 . . . . . 36 4,577.

37 Subtract line 36 from line 22. This is your adjusted gross income. . . . . 37 850,225.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112 11/07/11 Form 1040 (2011)



**Tax and Credits**

38 Amount from line 37 (adjusted gross income) . . . . . **38** 850,225.

39a Check ☐ You were born before January 2, 1947, ☐ Blind. **Total boxes checked ▶ 39a** ☐

if: ☐ Spouse was born before January 2, 1947, ☐ Blind. **▶ 39b** ☐

**Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$5,800  
Married filing jointly or Qualifying widow(er), \$11,600  
Head of household, \$8,500

b If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . . . **▶ 39b** ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) . . . . . **40** 89,253.

41 Subtract line 40 from line 38 . . . . . **41** 760,972.

42 Exemptions. Multiply \$3,700 by the number on line 6d. . . . . **42** 3,700.

43 Taxable income. Subtract line 42 from line 41. . . . . **43** 757,272.

44 Tax (see instrs). Check if any from: a ☐ Form(s) 8814 c ☐ 962 election . . . . . **44** 242,316.

b ☐ Form 4972 . . . . . **45** 242,316.

45 Alternative minimum tax (see instructions). Attach Form 6251 . . . . . **45**

46 Add lines 44 and 45 . . . . . **46** 242,316.

47 Foreign tax credit. Attach Form 1116 if required . . . . . **47**

48 Credit for child and dependent care expenses. Attach Form 2441 . . . . . **48**

49 Education credits from Form 8863, line 23 . . . . . **49**

50 Retirement savings contributions credit. Attach Form 8880 . . . . . **50**

51 Child tax credit (see instructions). . . . . **51**

52 Residential energy credits. Attach Form 5695 . . . . . **52**

53 Other crs from Form: a ☒ 3800 b ☐ 8801 c ☐ . . . . . **53** 0.

54 Add lines 47 through 53. These are your total credits . . . . . **54** 0.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- . . . . . **55** 242,316.

**Other Taxes**

56 Self-employment tax. Attach Schedule SE . . . . . **56**

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 . . . . . **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . . **58** 523.

59a Household employment taxes from Schedule H . . . . . **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required . . . . . **59b**

60 Other taxes. Enter code(s) from instructions . . . . . **60**

61 Add lines 55-60. This is your total tax . . . . . **61** 242,839.

**Payments**

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 . . . . . **62** 128,115.

63 2011 estimated tax payments and amount applied from 2010 return . . . . . **63**

64a Earned income credit (EIC). . . . . **64a**

b Nontaxable combat pay election . . . . . **64b**

65 Additional child tax credit. Attach Form 8812 . . . . . **65**

66 American opportunity credit from Form 8863, line 14 . . . . . **66**

67 First-time homebuyer credit from Form 5405, line 10 . . . . . **67**

68 Amount paid with request for extension to file . . . . . **68**

69 Excess social security and tier 1 RRTA tax withheld . . . . . **69**

70 Credit for federal tax on fuels. Attach Form 4136 . . . . . **70**

71 Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885 . . . . . **71**

72 Add lines 62, 63, 64a, & 65-71. These are your total pmts . . . . . **72** 128,115.

**Refund**

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid . . . . . **73**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here . . . . . **74a**

▶ b Routing number . . . . . XXXXXXXX ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number . . . . . XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2012 estimated tax . . . . . **75**

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions . . . . . **76** 116,703.

77 Estimated tax penalty (see instructions) . . . . . **77** 1,979.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . ☒ Yes. Complete below. ☐ No

Designee's name ▶ Colin M Robertson Jr C.P.A. Phone no. ▶ (410) 263-6376 Personal identification number (PIN) ▶ 36873

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst)

**Paid Preparer's Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Colin M Robertson Jr C.P.A.		10/15/2012		P00368737
Firm's name	Firm's address		Firm's EIN	
Colin M Robertson Jr CPA	612 Third St, Suite 3A			
Annapolis		MD	21403	Phone no.



Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only — Do not write or staple in this space.

**Name, Address, and SSN**

For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20

Your first name MI Last name  
**John D White**

If a joint return, spouse's first name MI Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.  
**222 Severn Ave Bldg 14 200**

City, town or post office. If you have a foreign address, see instructions. State ZIP code  
**Annapolis MD 21403**

OMB No. 1545-0074

Your social security number  
**[REDACTED]**

Spouse's social security number

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? ☐ You ☐ Spouse

**Filing Status**

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . .

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b ☐ Spouse . . . . .

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)	No. of children on 6c who:
				<input type="checkbox"/>	• lived with you . . . . .
				<input type="checkbox"/>	• did not live with you due to divorce or separation (see instrs) . . . . .
				<input type="checkbox"/>	Dependents on 6c not entered above . . . . .
				<input type="checkbox"/>	Add numbers on lines above . . . . .

**d Total number of exemptions claimed . . . . .** 1

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 467,041.

8a Taxable interest. Attach Schedule B if required . . . . . 8a 516.

b Tax-exempt interest. Do not include on line 8a . . . . . 8b

9a Ordinary dividends. Attach Schedule B if required . . . . . 9a 3.

b Qualified dividends . . . . . 9b 3.

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10

11 Alimony received . . . . . 11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . 13

14 Other gains or (losses). Attach Form 4797 . . . . . 14

15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b

16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17 450,678.

18 Farm income or (loss). Attach Schedule F . . . . . 18

19 Unemployment compensation . . . . . 19

20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b

21 Other income **HSA FROM FORM 8889** . . . . . 21 2,998.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . . 22 921,236.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24

25 Health savings account deduction. Attach Form 8889 . . . . . 25

26 Moving expenses. Attach Form 3903 . . . . . 26

27 One-half of self-employment tax. Attach Schedule SE . . . . . 27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28

29 Self-employed health insurance deduction . . . . . 29 4,305.

30 Penalty on early withdrawal of savings . . . . . 30

31a Alimony paid b Recipient's SSN . . . . . 31a

32 IRA deduction . . . . . 32

33 Student loan interest deduction . . . . . 33

34 Tuition and fees. Attach Form 8917 . . . . . 34

35 Domestic production activities deduction. Attach Form 8903 . . . . . 35

36 Add lines 23 - 31a and 32 - 35 . . . . . 36 4,305.

37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . 37 916,931.



**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income) .....	<b>38</b>	916,931.
<b>39a</b>	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	<input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see instructions) .....	<b>40</b>	107,823.
<b>41</b>	Subtract line 40 from line 38 .....	<b>41</b>	809,108.
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d .....	<b>42</b>	3,650.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	<b>43</b>	805,458.
<b>44</b>	<b>Tax</b> (see instrs). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 .....	<b>44</b>	259,553.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 .....	<b>45</b>	
<b>46</b>	Add lines 44 and 45 .....	<b>46</b>	259,553.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23 .....	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>50</b>	
<b>51</b>	Child tax credit (see instructions) .....	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695 .....	<b>52</b>	
<b>53</b>	Other crs from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> .....	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b> .....	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- .....	<b>55</b>	259,553.

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE .....	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 .....	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	<b>58</b>	355.
<b>59a</b>	<input type="checkbox"/> Form(s) W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H <b>c</b> <input type="checkbox"/> Form 5405, line 16 .....	<b>59</b>	
<b>60</b>	Add lines 55-59. This is your <b>total tax</b> .....	<b>60</b>	259,908.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099 .....	<b>61</b>	165,897.
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return .....	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M .....	<b>63</b>	0.
<b>64a</b>	<b>Earned income credit (EIC)</b> .....	<b>64a</b>	
	<b>b</b> Nontaxable combat pay election <b>64b</b> .....		
<b>65</b>	Additional child tax credit. Attach Form 8812 .....	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14 .....	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10 .....	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file .....	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld .....	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136 .....	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885 .....	<b>71</b>	
<b>72</b>	Add lines 61-63, 64a, & 65-71. These are your <b>total pmts</b> .....	<b>72</b>	165,897.

**Refund**

Direct deposit? See instructions.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid .....	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> <b>74a</b> .....		
	<b>b</b> Routing number <input type="checkbox"/> XXXXXXXXXX <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings .....		
	<b>d</b> Account number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX .....		
<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b> .....	<b>75</b>	

**Amount You Owe**

<b>76</b>	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions .....	<b>76</b>	95,511.
<b>77</b>	Estimated tax penalty (see instructions) .....	<b>77</b>	1,500.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes. Complete below.** ☐ **No**


Designee's name <b>Colin M Robertson Jr C.P.A.</b>	Phone no. <b>(410) 263-6376</b>	Personal identification number (PIN) <b>36873</b>
--	---------------------------------	---

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature 	Date <b>9/14/2011</b>	Your occupation <b>Executive</b>	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Print/Type preparer's name <b>Colin M Robertson Jr C.P.A.</b>	Preparer's signature	Date <b>08/31/2011</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00368737</b>
Firm's name <b>Colin M Robertson Jr CPA</b>	Firm's address <b>612 Third St, Suite 3A</b>	Firm's EIN	Phone no.	
<b>Annapolis</b>		<b>MD</b>		<b>21403</b>



# EXHIBIT 8

LAW OFFICES  
**KAGAN STERN MARINELLO & BEARD, LLC**  
238 WEST STREET  
ANNAPOLIS MARYLAND 21401  
Telephone (410) 216-7900  
Facsimile (410) 705-0836

STEPHEN B. STERN  
(410) 793-1610

STERN@KAGANSTERN.COM  
WWW.KAGANSTERN.COM

June 11, 2019

**VIA EMAIL**

John White, CEO  
Smart Retail, Inc.  
222 Severn Avenue  
Suite 200  
Annapolis, Maryland 21403

**Re: Conflict of Interest Disclosure**

John:

As you know, you recently advised me that you are planning to form a new corporation called Smart Retail, Inc. ("Smart Retail"). Smart Retail will utilize radio frequency identification ("RFID") technology that will create new marketing opportunities for businesses, primarily by attaching to products (mostly in retail establishments) a label that contains a chip. You asked me and my firm to serve as outside counsel for Smart Retail to help the company address a number of legal issues. You later offered me the opportunity to become a minority shareholder in Smart Retail, with my initial ownership stake being at 1%. The opportunity to serve as outside counsel to Smart Retail and also become a shareholder is very exciting to me and I very much appreciate the opportunity to serve in both capacities. The dual role I am expected to have for Smart Retail, however, raises potential conflicts of interest under the Maryland Rules and, prior to proceeding any further, I believe it is necessary to disclose those potential conflicts to you in writing so that you fully understand them. If you feel comfortable proceeding with my dual role after disclosing these potential conflicts of interest, please indicate your consent by signing where indicated below in this letter.<sup>1</sup>

---

<sup>1</sup> We already discussed these issues by phone and you gave your verbal consent, but, pursuant to the Maryland Rules, it is necessary to address any actual or potential conflicts of interest in writing to avoid any misunderstandings and have your written consent in writing as well.

John White, CEO  
Smart Retail, Inc.  
June 11, 2019  
Page 2 of 6

Maryland Rule 19-301.8(a) states that an "attorney shall not enter into a business transaction with a client unless: (1) the transaction and terms on which the attorney acquires the interest are fair and reasonable to the client and are fully disclosed and transmitted in writing in a manner that can be reasonably understood by the client; (2) the client is advised in writing of the desirability of seeking and is given a reasonable opportunity to seek independent legal advice on the transaction; and (3) the client gives informed consent, in a writing signed by the client, to the essential terms of the transaction and the attorney's role in the transaction, including whether the attorney is representing the client in the transaction." I address each of these requirements below.

#### Conflicts of Interest

After I sent you an engagement letter for me and my firm to serve as outside counsel on general business matters for Smart Retail,<sup>2</sup> you offered me the opportunity to become a shareholder in Smart Retail, with the initial opportunity to own 1% of the company.<sup>3</sup> The amount of the initial investment has yet to be determined.<sup>4</sup>

Initially, you asked me and my firm to help you form the company and draft the initial shareholder agreements. With me becoming one of the early investors in Smart Retail, that poses a potential (but waivable) conflict of interest, even though I am not going to be the attorney who actually performs the work of forming the corporation and

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<sup>2</sup> The original engagement letter dated May 1, 2019 was for SRL, Inc., but you later decided to change the name to Smart Retail, Inc., which led me to send this revised conflict disclosure letter and a new engagement letter for Smart Retail.

<sup>3</sup> You have made a similar offer to own 1% of Smart Retail to some other individuals (approximately seven) who are employees of other companies you own and/or manage and/or advisors to you in some capacity.

<sup>4</sup> I asked you what amount you are seeking for 1% of the company, and you advised me that there is no particular number at this point because the initial distribution of stock to the individuals who will own 1% of the company is not intended to raise capital; it is intended to give a few individuals who have helped you get to this point with this business opportunity to become early stakeholders in this new venture that will be known as Smart Retail.



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drafting the initial documents, including the initial shareholder agreements.<sup>5</sup> The reason for the potential conflict is that either I or my colleagues could potentially take advantage of the position of trust we hold and draft one or more documents or otherwise give advice that is more favorable to me and potentially less favorable to you. I do not foresee a circumstance where I or my colleagues would engage in such conduct, but that risk does exist and must be disclosed to you.

You have since advised me that you may seek representation from Mitchell Goldsmith, of Taft Stettinius & Hollister, LLP, in connection with the formation of Smart Retail and drafting the initial documents, including the initial shareholder agreements, because you have worked with him for many years and you value his experience in drafting these sorts of documents and other corporate matters. If you were to use Mitchell Goldsmith and his firm instead of mine, that would eliminate any potential conflict of interest for me and my firm, at least with the initial formation of Smart Retail and the drafting of the initial shareholder agreements.<sup>6</sup>

Although referring these initial tasks to Mitchell Goldsmith and his firm instead of my firm would eliminate any potential conflict of interest for me and my firm with respect to those initial tasks, I do not believe that fully eliminates all potential conflicts of interest for me and my firm. In this regard, if Smart Retail goes through additional rounds of capital raising/seeking new investors, there is the potential for my interest in the company to be diluted, which could have a negative impact on the value of my interest in the company. The potential adverse effect on my interest in Smart Retail could potentially influence the advice I (or my colleagues) give you and the company. While I do not foresee a circumstance where my advice (or the advice of my colleagues) would be influenced by my interest in Smart Retail, it is possible and I would be remiss in failing to disclose that risk to you.

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<sup>5</sup> I would refer that work to my partner, Ryan Beard. I am expected to assist on business contracts, employment issues, litigation (if litigation ever became necessary), and other risk management issues going forward.

<sup>6</sup> Regardless of which firm helps you form Smart Retail and drafts the initial documents (you also noted that you may use a combination of Mitchell's firm and my firm for these initial documents), including the initial shareholder agreements, the terms of the initial investment and shareholder agreement are expected to be in writing, which will further satisfy the requirements of Maryland Rule 19-301.8(a)(1).



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Another area where a potential conflict of interest may arise concerns my billing practices. In this regard, because I am going to be a shareholder in Smart Retail, you may ask for or expect potential discounts on my firm's invoices or, alternatively, I may be incentivized to offer discounts on invoices to advance my financial interest in Smart Retail. While I and my colleagues may occasionally offer courtesy discounts to clients for certain tasks performed or write off or otherwise discount fees that are not reasonable under the circumstances, I am not permitted to offer any discounts to Smart Retail beyond what I might otherwise offer in the ordinary course of business. Any discount beyond what might be offered in the ordinary course of business is prohibited because discounting invoices to Smart Retail in that manner would potentially benefit me (indirectly) as a shareholder of Smart Retail to the detriment of my law firm partners, which would violate duties I owe to my law firm partners. Thus, during the course of my firm's representation of Smart Retail, I cannot discount my firm's invoices in any way based on my role as a shareholder of Smart Retail.

As you know, as CEO of Compass Marketing, Inc. ("Compass"), and Tagnetics, Inc. ("Tagnetics"), you have retained me and my firm to represent Compass and Tagnetics in various capacities, including on advisory matters and litigation related matters. While I do not have any ownership interest in either Compass or Tagnetics, and I have not been offered the opportunity to become an investor in either company, my ownership interest in Smart Retail could potentially have an adverse effect on my representation of Compass and Tagnetics. In this regard, I could potentially give tasks performed for Compass or Tagnetics a lower priority than tasks that need to be performed for Compass or Tagnetics. I do not foresee a circumstance where I or my colleagues would act in such a manner. Nevertheless, I believe I am obligated to make this disclosure to you. In addition, for the reasons discussed above, I am not permitted to offer any discounts in legal fees to Compass or Tagnetics outside of what might be offered in the ordinary course of business as an indirect benefit to you for allowing me the opportunity to become an investor in Smart Retail.

Besides the potential conflicts of interest described above, other potential conflicts of interest may arise related to liquidity events concerning the shares I and other shareholders own in Smart Retail. In addition, potential conflicts of interest may arise in connection with the legal work you and I anticipate I will perform on behalf of Smart Retail. The precise contours of these potential conflicts are unclear at this time, as we do



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not know exactly what circumstances will arise and exactly what legal issues I will be working on at a given time in the future. Nevertheless, I wanted to note these possibilities to you in the interest of full disclosure. As we discussed, if there comes a time where I am able to identify an actual or potential conflict of interest in connection with a particular task/project I am asked or my firm is asked to perform on behalf of Smart Retail (or even Compass or Tagnetics), I will disclose it to you as promptly as I can and address it with you (and identify whether it is waivable or not).

#### Seek Other/Independent Counsel

As you know, the potential conflicts of interest identified in this letter raise important issues for you to consider so that you can be sure you are comfortable that your interests (actually, the interests of Smart Retail and your other companies) are adequately represented and not unfairly influenced by my anticipated financial interest in Smart Retail. To this end, I must advise you that it may be in your interest to seek counsel other than me to discuss the issues I have raised in this letter and help you evaluate the potential conflicts of interest related to my anticipated ownership interest in Smart Retail. While I can recommend attorneys to you, I know you know several attorneys with whom you can consult (including, but not limited to, Mitchell Goldsmith). Nevertheless, if you would like me to refer you to one or more other attorneys, please let me know.

#### Informed Consent

If you conclude after reviewing this letter and/or seeking counsel from another attorney with respect to the issues I have raised in this letter that I and my firm will fairly and zealously represent Smart Retail (and Compass and Tagnetics), even when I am a shareholder of Smart Retail, please sign where indicated below. By signing below, you represent the following: (1) you believe you have been adequately informed of the actual and potential conflicts of interest that exist with me being an investor in Smart Retail and me and my firm serving as outside counsel to Smart Retail (and Compass and Tagnetics); (2) you believe my firm and I will fairly and zealously represent Smart Retail (and Compass and Tagnetics), even when I am a shareholder of Smart Retail; (3) you consent to me and my firm serving as outside counsel to Smart Retail (and Compass and Tagnetics); and (4) you consent to me being a shareholder in Smart Retail.<sup>7</sup>

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<sup>7</sup> To ensure complete transparency in every respect, this letter has been reviewed by the Managing Member of my law firm, Jonathan Kagan.

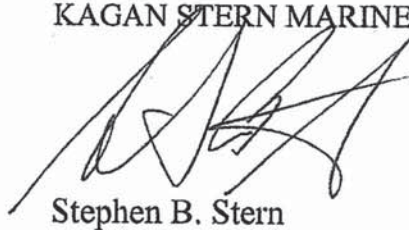
KAGAN STERN MARINELLO & BEARD, LLC

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If you have any questions, believe any the issues raised in this letter are not clear, or would like to discuss any of these issues further, please let me know. Of course, if you do not consent to all four of the foregoing items, please let me know and either I will not become a shareholder of Smart Retail or, if there is a concern that you believe can be remedied, we should discuss that potential remedy.

Very truly yours,

KAGAN STERN MARINELLO & BEARD, LLC

A handwritten signature in black ink, appearing to be 'SBS', is written over the printed name Stephen B. Stern.

Stephen B. Stern

AGREED AND ACCEPTED:

By: \_\_\_\_\_  
John White, individually and as  
CEO, Smart Retail, Inc.  
CEO, Compass Marketing, Inc.  
CEO, Tagnetics, Inc.

Dated: \_\_\_\_\_